PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/365735

			SMALL EN	ITITY		OTHER THAN						
TC	TAL CLAIMS		(Column 1)		(Column 2)			TYPE		OR 1 I	SMALL ENTITY	
					1			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
ТО	TAL CHARGEA	BLE CLAIMS	min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mir	nus 3 =	*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	r "0" in c	olumn 2		TOTAL		OR	TOTAL		
	C	LAIMS AS A	MENDED				,	OTHER	THAN			
(Column 1) (Column 2) (Column 3)								SMALLI	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
NDN	Total	* 31	Minus	** -/	2	= ^		X\$ 9=		OR	X\$18=	1
AME	Independent	* 3	Minus	***	6			X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM	<u> </u>]	+140=		ÒR	+280=	
								TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	100	ADDIT. FEE]	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Minus	**				X\$ 9=		OR	X\$18=	
ME	Independent		Minus	\$ ***				X42=		ÖR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	TCLAIM]			On		786
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR-	TOTAL ADDIT: FEE	frie.
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus					X\$ 9=		OR	X\$18=	
	Independent	********	Minus 40%					X42=		· · ·	X84=	
M M	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM	海營 西谷		^4		OR	704 =	Takken.
*								∔140= ₋		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL ADDIT. FEE	数注键	OR	TOTAL ADDIT. FEE	ASSET OF
		ber Previously Pa					er fo	und in the ap	propriate bo	x in co	lumn 1.	rasolava (h. 1861). Bariotzak

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHER THAN	
_			(Column 1)			(Column 2)			TYPE		OR		ENTITY
F	OR		NUMB	ER FILED		NUMBE	REXTRA		RATE	FEE	1	RATE	FEE
BA	ASIC FEE		1 S. C.		12.4			() ()	Tandy S	380.00	OR	Transfer !	760.00
TOTAL CLAIMS 69 minus 20= * 1/9									X\$ 9=		OR	X\$18=	580
INDEPENDENT CLAIMS 6 minus 3 = * 2									X39=		OR	X78=	434
MULTIPLE DEPENDENT CLAIM PRESENT											OR	+260=	. 7.01
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	1876
CLAIMS AS AMENDED - PART II											_	OTHER	
(Column 1) (Column 2) (Column 3)										ENTITY	OR	SMALL	
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 6	9	Minus	**	09	=] [X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	NTATIC	O OF M	Minus	MATE OF SALES		=	4 [X39=		OR	X78=	
	· ····································		711 OF 181	OLTIFILE DE	ENL	ENT CLAIR		J	+130=		OR	+260=	
												TOTAL	8
		(Coh	umn 1)		10	olumn 2)	/Column (1)		DDIT. FEE		Un ,	ADDIT. FEE	
~		CL	AIMS	136.14.2		HIGHEST	(Column 3)	h r		4001		Ť	
ENT B		AF	AINING TER IDMENT		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.7	<u> </u>	Minus	**	10	-3] [X\$ 9=		OR	X\$18=	549
AME	Independent	AUTATIO	<u>(0</u>	Minus	***	6	=] [X39=		OR	X78=	7
	FIRST PRESE	NIAIIO	N OF M	OLTIPLE DEF	END	ENI CLAIN	<u> </u>	J -			٠.,		7
	_							L	+130=		OR	+260=	
	DOF	•		+	-			Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE	:48
_		(Colu	imn 1) Aims			olumn 2)	(Column 3)				,		
ENT C		REMA AF	AINING TER DMENT		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	<u>·3</u>		Minus	**	72	=		X\$ 9=		OR	X\$18=	7
3	Independent	<u> </u>	3	Minus	***	10	=	╽┟	X39=		ı	×%	+
	FIRST PRESE	OITATIO	N OF ML	ILTIPLE DEP	END	ENT CLAIM		l ⊢	709=		OR		
• If	the entry in colum	nn 1 is la	ss than th	e entry in colum	nn 🤊 ·	urita "O" in	oluma 3		+130=		OR	1200-	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									TOTAL DIT. FEE		OR 🚡	TOTAL DDIT. FEE	B
T	the "Highest Num he "Highest Numl	noer Previ	viously Paid lously Paid	nd For" IN THIS I For" (Total or	S SPA	CE is less the endent) is the	an 3, enter "3." e highest numbe		_				7